

UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

T. Rowe Price Tax-Free High  
Yield Fund, Inc., et al.

SUMMONS IN A CIVIL CASE

V.

Karen M. Sughrue, et al.

CASE NUMBER:

04-11667-RGS

TO: (Name and address of Defendant)

Catherine Chapin Kobacker  
5634 Clark State Road,  
Gahanna, OH 43230.

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Thomas G. Hoffman, Esq.  
Greene & Hoffman, P.C.  
125 Summer Street, Suite 1410  
Boston, MA 02110

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS


CLERK

*[Signature]*

(By) DEPUTY CLERK

JUL 27 2004

DATE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article/Addressee to:</p> <p>Catherine Chapin Kobacker 5634 Clark State Road Gahanna, OH 43230</p>		<p>B. Received by (Printed Name) <u>C. Kobacker</u> C. Date of Delivery <u>10/23/04</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7002 2030 0002 9087 2143</p>	
PS Form 3811, August 2001		Domestic Return Receipt	